

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6-10-98		2 Serial/Patent # 09/073,019										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/>	Filing			\$								
<input type="checkbox"/>	Amendment			\$								
<input type="checkbox"/>	Extension of Time			\$								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input checked="" type="checkbox"/>	Other Surcharge (205)	5-4-98	\$ 65.00									
		7 TOTAL AMOUNT OF REFUND	\$									
		8 TO BE REFUNDED BY:										
<input checked="" type="checkbox"/>	Treasury Check											
<input type="checkbox"/>	Credit Deposit A/C #:	9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td><td></td><td></td></tr></table>					--					
		--										
10 REASON:		No surcharge required complete application, wrong letter sent out PTO Error										
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: S. Ahmed		TITLE: L.I. Ex										
SIGNATURE: S. Ahmed		PHONE: 305-2941										
OFFICE: O I P E ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____		DATE: _____										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B